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Facilitators of Strong Quality and Financial Outcomes in Critical Access Hospitals

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KEY FINDINGS

- Interviews with leaders from ten high-performing Critical Access Hospitals (CAHs) identified five key leadership traits that support strong quality and financial performance: active executive leadership, a patient/community focus, a quality focus, transparency, and communication with staff.
- Respondents described hospital boards as important contributors to organizational success, offering community insight, maintaining accountability, and engaging in quality and financial oversight.
- Several hospitals credited specific strategies—such as cross-departmental collaborations, structured improvement processes, expansion of services, and participation in Accountable Care Organizations (ACOs)—with improving both quality and financial outcomes.
- State Flex Programs (SFPs) were seen as valuable partners, with many CAHs reporting that engaged and responsive SFPs provided essential resources, training, benchmarking data, and technical assistance that supported both quality improvement and financial planning.

PURPOSE

The purpose of this study is to explore the organizational processes, leadership strategies, and contextual factors that contribute to strong performance in both quality and finance among Critical Access Hospitals (CAHs). Building on a prior quantitative analysis that identified 77 CAHs as high performers across key financial and quality benchmarks, this study included interviews with leaders from ten of those hospitals.[1] The goal is to gain a deeper understanding of how the highest performing CAHs approach quality improvement, financial management, and strategic planning in ways that may not be apparent through quantitative data alone. Insights from these interviews can inform the work of State Flex Programs (SFPs), CAH leadership, and other rural health collaborators by highlighting practices and conditions that may support excellence in both quality and financial performance.

BACKGROUND

As hospitals continue to adapt to changing payment models and shifting patient needs, there is growing recognition of the importance of achieving both strong financial performance and high-quality care, and prior work has begun to elucidate the relationship tying quality to financial performance.[2–4] The Centers for Medicare & Medicaid Services (CMS) and other payors are also increasingly emphasizing value-based care, which ties reimbursement to outcomes related to quality and cost.[5] While much of the current focus has been on identifying quantitative indicators of hospital success in these areas, less is known about the organizational processes

and leadership strategies that enable rural facilities—particularly CAHs—to thrive in both quality and financial domains simultaneously.

APPROACH

The sample for this qualitative study was drawn from a prior quantitative analysis of CAHs' performance on five financial and five quality benchmarks.[1] Financial benchmarks included total margin, operating margin, current ratio, days in net accounts receivable, and average age of plant. Quality benchmarks included influenza vaccination rates for health care personnel (HCP/IMM-3), HCAHPS overall hospital rating, Emergency Department Transfer Communication (EDTC), emergency department throughput (OP-18), and the number of Core Elements of CAH Quality Infrastructure met.

Each CAH was classified as a high performer in finance or quality if it met at least three out of the five benchmarks in that domain. CAHs meeting this threshold in both domains—financial and quality—were categorized into the "high finance / high quality" quadrant. Of the 914 CAHs in the final analytic sample, 77 (8.4%) met this dual high-performance threshold. From these 77 strong performer CAHs, a random sample of 32 CAHs was selected across the four census regions to include CAHs located throughout the U.S., and across the three categories of health system affiliation. Of these 32 CAHs contacted, representatives from ten completed an interview with the Flex Monitoring Team.

The interviews included discussions about leadership dynamics, strategic planning, hospital board engagement, and how hospitals align quality improvement efforts with financial sustainability. Interview transcripts were analyzed inductively by two individuals on the research team using NVivo 14 software to identify key themes.

RESULTS

Characteristics of Interviewed CAHs

The CAHs interviewed for this study are spread across three of the four U.S. Census regions: the Midwest (5), South (2), and West (3). Despite outreach, no CAHs from the Northeast responded to requests for interviews. Of the ten CAHs interviewed, six are independent, two are owned by another hospital or health system, and two are managed by another hospital or health system. Four of the CAHs interviewed report participation in an Accountable Care Organization (ACO), and nine are in states that have expanded Medicaid.

The background of the individuals participating in interviews varied, as did the number of individuals present in each interview. Across all interviews, participants included six Chief Executive Officers (CEOs), one Chief Financial Officer (CFO), two other finance team leaders, one Chief Operating Officer (COO), one Chief Nursing Officer (CNO), and ten quality leaders. Respondents were asked to summarize how long key members of their hospital's leadership team have been with their facilities. The length of tenure for CEOs among interviewed CAHs ranged from two months to 25 years, while tenure for CFOs ranged from one year to eight years. Quality leaders had been with their facilities between two years and 37 years, and all other staff types mentioned had tenures between two years and 15 years.

Leadership Traits That Support Strong Quality and Financial Performance

When asked what unique aspects of their leadership influenced quality and financial performance in their facilities, respondents' answers fell into five themes (see Table 1 for illustrative quotes). One commonly mentioned theme was *active executive leadership*, which referred to visible, hands-on involvement from CEOs and other leaders, including rounding with staff and actively supporting operations across departments. Under this theme, respondents also described the value of external leadership support from broader

TABLE 1: Unique Aspects of Leadership Influencing Quality and Financial Performance

Theme	Description	Quotes
Active executive leadership	Executive leadership and board provide support to staff	*"I have to say a huge part of our success is because of [CEO]. Her leadership has been phenomenal for our organization, and she's very active in all of our departments, rounding, and that has made a huge difference."* *"I think, [finance leader] and the folks that work with her, and our broader network within [health system], whether it be helping behind the scenes with preparing financial statements, or whether it be through any benchmark data, it helps us make sure that that we are financially sound."*
Patient/ community focus	Executive leadership puts patients first and is committed to serving their community	*"We have a feeling here that our responsibility to the community is that we are kind of the protector, and we are the ones that are charged with providing what the community needs for health care. And so, when an event happens, [sic] whether it be COVID or anything else, we stepped up, and we took care of the people."*
Quality focus	Executive leadership prioritizes quality, including education, committees, and quality outcome measurement	*"I think from the very first day that an employee starts at [hospital], during their new employee orientation, we stress to them how important quality is to our organization and if we don't provide a quality product, the patients won't come see us and get their services from us. We make sure that the employees know that we want them involved in the work that they do, and how important their role and every role in the organization is to providing a quality product."* *"We also hold our standards very high to Joint Commission and following their standards. That is something that we make sure that we follow what's coming through with that. And of course, those are tied to our CMS measures, and CMS measures are also tied to our quality scores. So, between hitting off from the very beginning, doing the education with quality as a high standard and then backing it and walking the walk and talking the talk and meeting our Joint Commission standards."*
Transparency	Executive leadership held accountable with transparency to staff	*"We are a very open and transparent hospital. I think communication is very important at every level. We involve our providers and speak with them often about quality initiatives as well as financial issues from the hospital standpoint, so they know exactly where we're at on both."* *"This is the fifth hospital I've worked at in my career, and I'm being completely sincere when I say this: it is the best hospital I've worked at. I attribute that to transparency, integrity, honesty, and really solid relationships between the department managers operationally and the medical staff."*

TABLE 1: Unique Aspects of Leadership Influencing Quality and Financial Performance, *continued*

Theme	Description	Quotes
Communication with staff	Leadership communicates with staff to facilitate staff trust and awareness	*"There's [sic] a lot of things we do here that help us, from the communication and transparency side, make sure that we have buy in from not only senior staff level, but every staff member at every level."* *"One thing I think that we do a really good job with is communication down to the employee level. So our employees could tell you how we're doing in quality, how we're doing in finance. We really do a good job drilling that down. The employees understand our status well and they're well in tune to what our quality goals are. They're in tune to what their indicators are that they're monitoring within their department. We tell employees all the time, 'You guys are the ones that are doing the work day-to-day, so you need to tell us how we can make improvements in things.'"*

health systems. A *patient/community focus* was another key theme, reflecting leadership's strong commitment to doing what is best for patients and being responsive to the needs of the communities they serve. The theme of *quality focus* highlighted how leaders consistently prioritize quality through training, goal setting, engagement in quality improvement activities, and alignment with best practices. *Transparency* was frequently noted as a critical element of effective leadership. Respondents emphasized open communication around both quality and financial performance, which fosters accountability and honesty across hospital departments. Finally, *communication with staff* emerged as essential to strong quality and financial performance. Respondents described leadership's efforts to engage staff at all levels in organizational priorities and decision-making, which helps ensure that staff are aligned with goals and empowered to suggest improvements.

Leadership Practices that Shape Organizational Priorities

When discussing how hospital leadership influences priorities for quality and financial performance, respondents mentioned five themes (see Table 2 for illustrative quotes). First, respondents mentioned *financial foresight*, which includes strategic financial planning and decision-making by hospital leadership. Respondents described prudent investments, avoidance of

TABLE 2: Role of Leadership in Setting Priorities for Quality and Financial Performance

Theme	Description	Quotes
Financial foresight	Leadership exercises proactive decision-making and strong financial planning	*"We have the second-best days cash on hand of any critical access [hospital] in [state], and the reason that we have that is because we didn't build a new hospital… It's nice inside, but it's not grand… So, because we have no debt on the building, we were able to withstand COVID quite nicely. We also have the ability to buy any kind of equipment without having any loans taken out, and so we just have a real strength with that."* *"One of the things financially that we did when we identified all the equipment that we wanted to purchase, we wrote millions of dollars worth of grants…We were pretty successful in 2023 writing grants."*

TABLE 2: Role of Leadership in Setting Priorities for Quality and Financial Performance, *continued*

Theme	Description	Quotes
Setting expectations and aligning staff efforts	Executive leadership facilitates meetings, goal-setting, decision-making, and reporting to provide structure and align initiatives across the organization	*"I think a major role in it—we as leadership have to identify what is important to our organization first before we pass it down to our staff and the rest of our team. We have to make their priorities our priorities, but at the same time we have to—I say triage because I go back to my nursing background—but we have to triage which ones are high level versus low level. They're all, of course, a very big concern, but just making sure you know which ones may cause patient harm, which one may cause major financial damage, and things like that. Just kind of triaging them and figuring out what we need to work on first but looking at things as a whole and going in that direction."*
Engagement with staff	Executive leadership listens to staff insights and engages with staff to consider their perspectives and knowledge	*"One thing for our employees, was that [CEO] started an employee ambassador committee. They review a lot of things in the committee just trying to find the needs of the staff and making sure the staff have a voice."* *"We tag along on these roundings [sic] that hit every department to show that quality isn't just something that [quality leader] cares about, but it's something that the administrative team cares about as well, and it takes all of us."*
Data-driven insights	Executive leadership utilizes data to make decisions	*"We have a leadership team meeting every week and discuss appropriate items…where we're at with certain indicators and data, what kind of impact it's making, where gaps are, what we're doing really well, and then often develop action plans based on those discussions in that senior leadership team."* *"…at the manager level we look at patient experience data, we look at feedback from the frontline staff and try to match performance improvement projects or quality metrics that are meaningful to the units to that overall strategic vision, and that takes about a quarter to get those right. And then that sets our path for the rest of the year."*
Expansion of resources	Executive leadership focuses on adding hospital services and implementing new tools to improve patient care and the hospital's financial outlook	*"We had a lot of need for mental health here. So we brought in two mental health workers. They're not our staff, but we gave them space in our building. We brought public health into our building. They were at the courthouse. We brought them here and established a great relationship with them."* *"We also have really leveraged telemedicine here. We use a lot of different techniques for safety, such as, we have after hours, telemedicine hospitalist and 24/7 e-emergency. So, that helps us give quality of life to our physicians, but yet, being able to manage things safely here."*

unnecessary debt, and successful grant writing efforts to secure needed equipment—all of which strengthened the hospitals' financial resilience. The theme of *setting expectations and aligning staff efforts* reflects the processes that leaders have established to guide staff and prioritize initiatives. Respondents emphasized the role of executive leadership in moving their organization toward shared quality and financial targets. *Leadership engagement with staff* emerged as another important theme, highlighting how hospital leaders connect with employees, listen to their concerns, and visibly support quality improvement. Respondents also discussed the importance of *data-driven insights* in leadership decision-making. Weekly leadership meetings and ongoing analysis of quality indicators, patient experience, and staff feedback were described as key strategies for identifying gaps, tracking performance, and developing responsive action plans. Finally, *expansion of resources* was a theme that captured how leadership seeks to improve hospital services and address community needs. Leaders have added new tools and services, and these investments not only address identified needs from community health assessments but also improve both care delivery and staff well-being.

Board Engagement in Quality and Financial Oversight

Respondents described several ways in which their hospital boards were engaged in discussions about quality and financial performance (see Table 3 for illustrative quotes). One key theme was having *community perspectives represented on the board*. Board members were typically local residents, which positioned them to offer unique insight into patient needs and priorities. Respondents described how this community integration strengthened quality and financial decision-making by ensuring alignment with community expectations as well. Another common theme was *the board holds hospital leaders accountable*. Respondents described how board members not only monitor progress but actively hold leadership accountable for outcomes. For example, boards receive incident reports, review patient satisfaction metrics, and follow up on areas needing improvement. Past experiences, such as a state survey with adverse findings, had led to greater board involvement and heightened expectations for leadership performance. CAHs also consistently emphasized financial review with board members, with periodic and in-depth financial reporting at board meetings. Respondents described financial reviews that included detailed breakdowns of revenue, expense

TABLE 3: Engagement of Hospital Board in Discussions of Quality and Financial Performance

Theme	Description	Quotes
Community perspectives represented on board	The board's community connection provides unique insight into quality and finance discussions	*"Our board of directors uniquely is a 100 percent patient board, made up of representatives of the tribal communities that we serve. We serve about 10,000 patients—that's 20 [state] native tribes from 16 communities… Each one of those tribes submits one member to our board elected by their tribal council. So, they are our customer owners. They direct and tell us what our priorities should be."* *"We have a good, diverse group of board members right now. We have clinical, and we also have non-clinical, so different perspectives that can help contribute to you know some of these priorities that we're looking at that we need to look at something differently, and how we're approaching solving a problem. But I think having a diverse board group that is engaged has made us very, very strong."*

TABLE 3: Engagement of Hospital Board in Discussions of Quality and Financial Performance, *continued*

Theme	Description	Quotes
Accountability from board	The board holds executive leadership accountable for their actions	*"What we do with our incident reports is if an incident is brought to me, I [COO] work with the staff to figure out how to fix that and get the staff buy-in to help to fix that. So, all of that we take to the board just to get their perspective, just so they know where we're at with safety for the patients and all of our quality, and then to the patient satisfaction….and we've got some board members that will hold us accountable."* *"The board is always interested in the financial metrics of things. They always like to know that everything's going well with that. I'll just be pretty honest. We had a pretty severe survey back in 2014. The [state] surveyors came through, and I'll be nice and say, ripped apart hospitals—and many different ones. They shut multiple surgery centers down when they came through and did that… The majority of our board members were on our board at that time, and so they remember that also they had multiple citings [sic] specifically at the governing board level during that survey, and they took a personal offense to it. So they take that very highly and make sure that our program is running smoothly, and that it's going in the right direction."*
Financial review with board members	Financial leaders consistently review financial data with the board	*"Financials, honestly, are discussed very heavily at board [sic], every single month. Our CFO, along with support members of the team, give a very thorough report at the board meeting."* *"We have monthly board meetings with our hospital committee and each month, of course, we have a financial close, and we report on what I consider kind of a detailed level of what made up our financials for the month. We report on revenue and any variances there, expenses and any variance that is there, balance sheet and the income statement. We also do a cash projection just to kind of project out for the next three months what our cash impact is going to be, just predicting what receipts and disbursements we are planning to have over the next three months to see if there's any movement in cash that we need to make from any investment accounts into our operating fund."*
Board members immersed in quality initiatives	Members of the board participate in dedicated quality committees or rounding activities	*"I guess it starts with board education. And when a new board member is introduced to the organization, we have a formal structure. And I get to meet with them and talk to them about quality and our different dashboards and metrics. And then our quality management, our QAPI committee, our 'quality assurance performance improvement,' is a board level committee. And then those board members actually present what we've talked about quarterly at the QAPI committee to the full board quarterly, so that that keeps the board kind of involved in strategy, but then, always aware of updates."* *"We added board members to our quality committee a long time ago, and one of the main reasons for that was so that all of our quality can funnel up through those two board members up to the board committee. Their role is to understand what quality [initiatives] we are doing at the hospital, but also then to be a resource for the rest of the board members as they have questions."*

variances, balance sheets, and future cash projections. Regular and rigorous financial reporting helps ensure transparency and informed oversight. The theme that *board members were immersed in quality initiatives* highlighted how board engagement extends beyond high-level meetings. In several cases, board members are actively involved in quality committees, receive formal education on quality metrics and dashboards, and play a role in relaying quality performance updates back to the full board. Respondents emphasized that this kind of engagement in quality work helps their board members stay informed and aligned with the organization's strategic priorities and ensures that quality is consistently elevated as a central focus in governance discussions.

The Influence of Value-Based Care

Respondents were asked if they believed that participation in or preparation for value-based care arrangements was driving an integrated focus on quality and finance in their hospitals. Three CAHs explicitly indicated that these arrangements were driving such discussions within their facilities, while two indicated that value-based care considerations had no impact on any decisions they have made. The remaining five CAHs mentioned that they were broadly aware of the shifts toward value-based care, but that these considerations did not drive internal discussions or have a direct impact on their facilities.

When providing detail about motivations surrounding value-based care, answers also varied. Some CAHs decided to proactively align quality improvement with financial goals and are using value-based metrics to guide decision-making and improvement initiatives. Other respondents noted that value-based care programs influence planning and quality tracking but don't yet drive major financial decisions. One CAH mentioned resource constraints and noted that low patient volume in their facility makes participation in ACOs or other incentive programs burdensome without meaningful financial returns. Two facilities mentioned they had scaled back participation in formal value-based programs, citing administrative burden when dealing with multiple payers, lack of interoperability, and minimal benefit. Finally, several CAHs emphasized a continued commitment to patient care and quality improvement regardless of external incentives.

Strategies for Achieving Strong Quality and Financial Performance

Respondents described a range of strategies that contributed to improvements in both quality and financial outcomes, which were sorted into three themes (see Table 4 for illustrative quotes). One prominent strategy was *participation in ACOs*, which introduced quality reporting requirements and provided opportunities for shared savings. CAH leaders noted that ACO involvement expands their focus on quality initiatives while simultaneously bringing in new revenue streams. Some CAHs also implemented *systemic and recurring processes* for improvement, such as using structured performance improvement teams (PITs) and the Plan–Do–Check–Act (PDCA) model to address identified issues. Lastly, other CAHs focused on *expanding services* to meet community needs, such as launching behavioral health clinics or co-locating essential services within their facilities. Leaders noted that these efforts not only improve care outcomes and bolster access to care but also enhance hospital revenue and community trust.

Support Received from State Flex Programs

Respondents were also asked if their hospitals had received any support from their SFP that they felt influenced their success in quality improvement or hospital finance. Across interviews, many CAH leaders emphasized the important and multifaceted role that SFPs play in supporting hospitals' quality and financial success. Respondents described how active SFPs provide critical resources such as webinars, peer benchmarking tools, quality training, technical assistance, and regular convenings that facilitate peer learning. Several CAHs reported receiving targeted support through Flex grant opportunities and education on quality reporting—resources they felt directly contributed to their hospital's improvement efforts. In some cases, SFPs were described as go-to partners for troubleshooting challenges in both quality and finance.

TABLE 4: Successful Strategies for Improving Quality and Financial Outcomes

Theme	Description	Quotes
ACO participation	ACO participation allowed for improvement in hospital outcomes	*"So, I think our quality initiatives were expanded four or five years ago when we joined the ACO. And through that we financially benefited as well because we have shared savings for the last several years. And seeing dollars brought to the organization which improved our financial outcome as well."*
Systemic and recurrent processes	Executive leadership-implemented processes to improve outcomes	*"When we do identify an issue, sometimes we determine that we need a PIT group or a 'performance improvement team' to work on a specific issue and then follow the focus PDCA model… And that's typically—when we identify issues—how we handle them."*
Expanding services	Executive leadership expanded services to address community needs, improve patient outcomes, enhance revenue, and improve financial sustainability	*"Part of our strategic plan was our community health needs assessment. And what we heard loud and clear from our community was more behavioral health for our patients and community that we serve. In 2021, we had shelf space in our basement that we built a new clinic and it's primarily used for behavioral health services. So over the past couple of years we've been able to offer that service to our community… opening that clinic did help us bring in some additional revenue."*

DISCUSSION

This qualitative study builds on prior quantitative analyses by offering a more nuanced view of how some high-performing CAHs have achieved success in both quality and finance. Throughout the interviews, several respondents emphasized a strong alignment between quality and financial performance, often stating that focusing on high-quality, patient-centered care ultimately leads to financial success. One respondent summarized this alignment saying, "We lead with quality, we lead with patient satisfaction, and then we make sure that the finances are following suit. But if you're doing the right thing, they typically do." This reflects a belief that investing in quality improvement is not only a clinical imperative but also a strategic financial decision and reinforces the idea that quality and finance are not competing priorities but interconnected goals that can strengthen each other when grounded in patient needs.

Through these in-depth interviews with hospital leaders, several common themes emerged that highlight strategies to support dual performance excellence. Consistent across interviews was a strong emphasis on leadership visibility and engagement. In particular, hands-on executive leadership, open communication, and promoting a culture of transparency were described as foundational to achieving aligned goals in both domains.

The role of hospital boards also emerged as a key factor in sustaining excellent performance. Active, informed boards, particularly those rooted in the communities served, were noted as important contributors to quality and financial oversight and immersed in strategic discussions, sometimes participating in quality committees or providing feedback from the community.

Additionally, leadership practices such as data-informed decision-making, collaborative problem-solving, and expanding services in response to community needs were identified as effective strategies for driving

improvement. While participation in value-based care programs varied among hospitals, several respondents reported that such programs helped align incentives and sharpen focus on outcomes, though others noted administrative burdens and limited financial impact in rural settings.

Findings from this qualitative study complement and help contextualize several characteristics identified in the companion quantitative analysis.[1] For example, the quantitative brief found that high-performing CAHs were significantly more likely to have a dedicated quality improvement leader and to incorporate quality into all components of their strategic plan. These organizational features were echoed in qualitative interviews, where respondents consistently emphasized a strong internal culture of quality, supported by structured improvement processes and clear goal setting.

Similarly, the quantitative analysis showed that high-performing CAHs were more likely to participate in ACOs. Several interviewees described ACO participation as a valuable strategy for aligning quality metrics with financial incentives and expanding their quality initiatives.

The quantitative study also identified a greater share of outpatient revenue among high performers, and qualitative findings added depth to this observation, with several CAHs describing intentional service expansions in response to community needs as a dual strategy for improving care and boosting financial sustainability. Together, these findings suggest that certain organizational investments and strategic alignments, especially around quality leadership, service development, and external partnerships, may underlie successful performance across both quality and finance.

The findings from this study may be especially helpful for SFPs as they work to support CAH performance in quality and finance, as well as the alignment between the two domains. Discussions with respondents suggested that a strong partnership between CAHs and their SFPs can serve as a valuable lever for aligning operational improvements with broader performance goals. Active SFPs may be especially important in helping CAHs navigate the evolving demands of value-based care and maintain excellence in both clinical and financial outcomes. SFPs looking to align CAH performance in both domains can support their hospitals with educational opportunities such as webinars, and peer learning resources; through technical assistance and troubleshooting; and by connecting CAH staff with funding and improvement opportunities.

This study has several limitations. First, the sample was limited to ten interviews with CAHs that were already identified as high performers in both quality and finance, which may exclude valuable insights from hospitals that have struggled or are still working to improve. As a qualitative study, the findings are not intended to be generalizable to all CAHs but rather to highlight themes from a specific group of strong performers. Additionally, hospitals self-selected into the study by agreeing to participate, which may introduce response bias.

CONCLUSION

These interviews highlighted a range of leadership practices, organizational strategies, and support systems that contribute to strong quality and financial performance in CAHs. Respondents emphasized the importance of engaged leadership, clear communication, community connection, and structured improvement processes. To build on existing CAH strengths and address challenges related to resource limitations and the complexity of value-based care models, CAHs may benefit from targeted support from SFPs. As CAHs continue to navigate an evolving health care environment, it will be essential to ensure that high-performing strategies are both shared and adopted to support success across the broad array of CAH settings.

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